



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4135

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/771,711 | FILING DATE<br>02/03/2004<br><br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1655 | ATTORNEY<br>DOCKET NO.<br>USP2259A-JEF |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

APPLICANTS

Jeffrey Young, Alhambra, CA;

*mca*

\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/488,893 07/21/2003

*mca*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/04/2004

|   |  |                         |                       |                            |
|---|--|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>CA  | SHEETS<br>DRAWING<br>13 | TOTAL<br>CLAIMS<br>50 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions<br>met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | Verified and<br>Acknowledged<br><i>mca</i><br>Examiner's Signature | <i>mca</i><br>Initials  |                       |                            |

ADDRESS  
 30265  
 RAYMOND Y. CHAN  
 108 N. YNEZ AVE., SUITE 128  
 MONTEREY PARK , CA  
 91754

TITLE  
 Method of treating non-insulin dependent diabetes mellitus and related complications

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>698 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
|-----------------------------------|---|---|